

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PPO-875)

SERIAL NO.

10/536894

FILING DATE

APPLICATION(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2			1	1		
3	2		1	1		
4	2		1	1		
5	1		1	1		
6	1		1	1		
7	1		1	1		
8	1		1	1		
9	1		1	1		
10	1		1	1		
11	2		1	1		
12	1		1	1		
13	1		1	1		
14	3		1	1		
15	3		1	1		
16	3		1	1		
17	3		1	1		
18	1		1	1		
19	2		1	1		
20	2		1	1		
21	1		1	1		
22	1		1	1		
23	1		1	1		
24	1		1	1		
25	1		1	1		
26	3		1	1		
27	3		1	1		
28			1	1		
29			1	1		
30			1	1		
31			1	1		
32			1	1		
33			1	1		
34			1	1		
35			1	1		
36			1	1		
37			1	1		
38			1	1		
39			1	1		
40			1	1		
41			1	1		
42			1	1		
43			1	1		
44			1	1		
45			1	1		
46			1	1		
47			1	1		
48			1	1		
49			1	1		
50			1	1		
TOTAL IND.			1	1		
TOTAL DEP.			1	1		
TOTAL CLAIMS			1	1		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57			1		1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.			1	1	2	
TOTAL DEP.			1	1	33	
TOTAL CLAIMS			1	1	35	